

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_\_ District of New Jersey  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name**

Nostrum Laboratories, Inc.

**2. All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business* as names

**3. Debtor's federal Employer Identification Number (EIN)**

20 - 587 7688

**4. Debtor's address**

**Principal place of business**

1800 N. Topping Avenue

Number Street

Kansas City, MO 64120

City State ZIP Code

County

**Mailing address, if different from principal place of business**

Number Street

P.O. Box

City State ZIP Code

**Location of principal assets, if different from principal place of business**

Number Street

City State ZIP Code

**5. Debtor's website (URL)**

Debtor Nostrum Laboratories, Inc. Case number (if known) \_\_\_\_\_  
Name

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

325412 \_\_\_\_\_

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☐ Chapter 9  
☒ Chapter 11. Check all that apply:  
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.  
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor Nostrum Laboratories, Inc. Case number (if known) \_\_\_\_\_  
Name

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ MM / DD / YYYY  
Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199            | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 |  |  |

Debtor Nostrum Laboratories, Inc. Case number (if known) \_\_\_\_\_  
Name

15. Estimated assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million              | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million             | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million           | <input type="checkbox"/> More than \$50 billion        |
16. Estimated liabilities
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million             | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million           | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million          | <input type="checkbox"/> More than \$50 billion        |

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

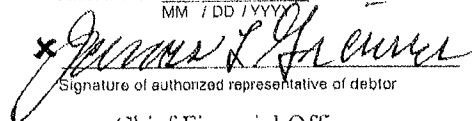
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 09 30 2024  
MM / DD / YYYY

  
Signature of authorized representative of debtor

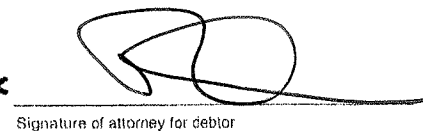
James Grainer

Printed name

Title Chief Financial Officer

**18. Signature of attorney**

☒

  
Signature of attorney for debtor

Date 09/30/2024  
MM / DD / YYYY

David L. Bruck

Printed name

Greenbaum, Rowe, Smith & Davis LLP

Firm name

99 Wood Avenue South

Number Street

Iselin

City

NJ

State

08830

ZIP Code

732-549-5600

Contact phone

dbruck @greenbaumlaw.com

Email address

230021968

Bar number

NJ

State

**Fill in this information to identify the case and this filing:**

Debtor Name Nostrum Laboratories, Inc.  
United States Bankruptcy Court for the: \_\_\_\_\_ District of NJ  
(State)  
Case number (if known): \_\_\_\_\_

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct.

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM/DD/YYYY

Signature of individual signing on behalf of debtor

James Grainer

Printed name

Chief Financial Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Nostrum Laboratories, Inc.  
United States Bankruptcy Court for the: \_\_\_\_\_ District of NJ  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
**Amount of claim**  
Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

<b>2.1</b> Creditor's name <u>Citizens Bank</u>	Describe debtor's property that is subject to a lien <u>substantially all assets</u>	\$ <u>16,603,628</u>	\$ <u>unknown</u>
Creditor's mailing address <u>28 State Street</u> <u>Boston, MA 02109</u>	Describe the lien		
Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred <u>12/31/20</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____			
<b>2.2</b> Creditor's name <u>Mylan Pharmaceuticals Inc.</u>	Describe debtor's property that is subject to a lien _____	\$ <u>10,000,000</u>	\$ <u>unknown</u>
Creditor's mailing address <u>1000 Mylan Blvd</u> <u>Canonsburg, PA 15317</u>	Describe the lien		
Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ _____	

Debtor Nostrum Laboratories, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Column A  
Amount of claim  
Do not deduct the value  
of collateral.

Column B  
Value of collateral  
that supports this  
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. **Creditor's name** Waterford Bank N.A. **Describe debtor's property that is subject to a lien** Warehouse/industrial Bldg \$ 1,381,185 \$ \_\_\_\_\_

**Creditor's mailing address**  
3900 N. McCord Road  
Toledo, Ohio 43617

**Creditor's email address, if known** \_\_\_\_\_

**Date debt was incurred** \_\_\_\_\_

**Last 4 digits of account number** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**  
☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe the lien**  
Mortgage

**Is the creditor an insider or related party?**  
☒ No  
☐ Yes

**Is anyone else liable on this claim?**  
☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2. **Creditor's name** Bank of America Leasing & Capital, LLC **Describe debtor's property that is subject to a lien** equipment \$ 638,231 \$ \_\_\_\_\_

**Creditor's mailing address**  
2059 Northlake Parkway, 3rd Fl.  
Tucker, GA 30084

**Creditor's email address, if known** \_\_\_\_\_

**Date debt was incurred** \_\_\_\_\_

**Last 4 digits of account number** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**  
☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe the lien** \_\_\_\_\_

**Is the creditor an insider or related party?**  
☒ No  
☐ Yes

**Is anyone else liable on this claim?**  
☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Fill in this information to identify the case:**

Debtor name Nostrum Laboratories, Inc.  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of NJ  
 (State)  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Altro Pharmaceuticals LLC 425 Broadhollow Rd, Suite 315 Melville, NY 11747						184,492.
2	ClarusOne 10-12 Russell Square House London, UK WC1B 5EH						760,596.
3	Commonwealth of PA P.O. Box 780634 Philadelphia, PA 19178-0634						244,526.
4	Dept. of Justice c/o NYAG - 28 Liberty St New York, NY 10005						1,989,500.
5	Econdisc Contracting Solutions 25522 Network Place Chicago, IL 60673						391,492.
6	U.S. Food & Drug Admin. 12225 Elkins Ave Rockville, MD 200852						4,330,753
7	Gwen Ryan Solutions, LLC 16226 Arrowhead Trail Clermont, FL 34711						278,000.
8	IPFS Corporation 1055 Broadway, 11th Fl Kansas City, MO 64123						316,316.



Nostrum Laboratories, Inc.

Debtor

Name

Case number (if known)

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.	Total claim, if partially secured	Deduction for value of collateral or setoff
9	Jobs Ohio 41 South High St., Suite 1500 Columbus, OH 43215						250,000.
10	Ohio MCO P.O. Box 712110 Cincinnati, OH 45271-2100						206,730.
11	Piney Scientific, LLC 421 N. Gladstone Blvd Kansas City, MO 64123						192,281
12	PSL Consulting, LLC 579 SE Villandry Way Port St. Lucie, FL 34984						180,000.
13	TAK Properties, LLC 2600 Grand Blvd, Suite 700 Kansas City, MO 64108						159,059.
14	Vintage Pharmaceuticals, LLC One Ram Ridge Road Chestnut Ridge, NY 10977						970,000.
15	Walgreen Company P.O. Box 653039 Dallas, TX 75265-3039						333,177.
16	NY Medicaid Drug Rebate P.O. Box 780634 Boston, MA 02241-2205						191,637.
17	Mylan Pharmaceuticals Inc. 781 Chestnut Reidge Rd Morgantown, West Virginia 26505						10,000,000.
18	Archimica Sede Legale/REG Off 26900 Lodi, Italy						2,041,777
19	Niacet 400 47th Street Niagara Falls, NY 14304						249,991
20	CA Dept. of Health Care Service P.O. Box 997415, Sacramento, CA 95899-7415						174,101

Fill in this information to identify the case:

Debtor name Nostrum Laboratories, Inc.

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 4,215,883.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 97,000,000.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 101,215,883.00

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 28,753,700.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....

\$ 1,288,996.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 33,245,495.00

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 63,288,191.00

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court

\_\_\_\_\_ District Of New Jersey

In re Nostrum Laboratories, Inc.

Case No. \_\_\_\_\_

Debtor

Chapter 11

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ as allowed by the Court

Prior to the filing of this statement I have received ..... \$ 41,738

Balance Due ..... \$ N/A

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

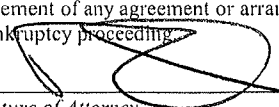
- 1. Tax advise

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 29, 2024

*Date*

  
*Signature of Attorney*

Greenbaum, Rowe, Smith & Davis LLP

*Name of law firm*